

ALEXANDRIA CITY PUBLIC SCHOOLS

2000 North Beauregard Street

Alexandria, Virginia 22311

PERMIT FOR USE OF SCHOOL FACILITIES

Instructions: Application must be filed with the office of Educational Facilities not less than ten (10) working days before intended use.

Please Type or Print

SCHOOL REQUESTED: _____ REQUESTED DATE(S): _____

ORGANIZATION: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE: _____ HOME PHONE: _____

TITLE OR POSITION: _____ WORK PHONE: _____

ESTIMATED ATTENDANCE	TIME	PURPOSE
Participants _____ Audience _____	BUILDING TO BE OPEN _____ A.M. _____ P.M.	
	BUILDING TO BE CLOSED _____ A.M. _____ P.M.	

REQUIREMENTS		
SPACE	SERVICE PERSONNEL (Number)	SPECIAL EQUIPMENT/SERVICE (Please Be Specific)
Auditorium <input type="checkbox"/>	Bldg. Eng. <input type="checkbox"/> _____	Police: Yes <input type="checkbox"/> No <input type="checkbox"/> Number _____
Cafeteria <input type="checkbox"/>	Custodian <input type="checkbox"/> _____	Equipment: _____
Kitchen <input type="checkbox"/>	Food Services: <input type="checkbox"/> _____	_____
Classroom <input type="checkbox"/>	Manager <input type="checkbox"/> _____	Other: _____
Gym <input type="checkbox"/>	Other <input type="checkbox"/> _____	_____
Other: _____	P.A. OP. <input type="checkbox"/> _____	_____

Will you attend? _____ If no, who will be in charge? _____

Is this organization Profit ☐ Non-Profit ☐

Will fees be collected? Yes ☐ No ☐

Organization has liability coverage? Yes ☐ No ☐ Individual \$ _____ Total \$ _____

The undersigned certifies that he/she is familiar with the Alexandria School Board regulations and responsibilities of renters as stated on the reverse side of this agreement. And that he/she is the legally authorized representative to act for and accept such responsibility for the organization. Final approval of this permit is contingent upon receipt of this permit by the applicant duly appointed and signed by the Building Principal and Community Services Manager.

Signature Date

OFFICE USE ONLY									
PERSONNEL COSTS					SPACE/EQUIPMENT COSTS				
1. Housekeeping/Maintenance					NUMBER	HOURS	RATE	AMOUNT	
	NUMBER	HOURS	RATE	AMOUNT	Auditorium	_____	x	_____	\$ _____
Bldg. Eng.	_____	x	_____	\$ _____	Cafeteria	_____	x	_____	\$ _____
Custodian	_____	x	_____	\$ _____	Caf./Kitchen	_____	x	_____	\$ _____
P.A. OP.	_____	x	_____	\$ _____	Classrooms	_____	x	_____	\$ _____
TOTAL				\$ _____	Gymnasium	_____	x	_____	\$ _____
					TOTAL				\$ _____

The minimum fee for the use of the facility and services in the amount of \$ _____ shall be paid on or before the scheduled event. Checks are to be made payable to the Alexandria School Board and sent to the Community Services Manager, 2000 North Beauregard Street, Alexandria, Virginia 22311.

<input type="checkbox"/> Approved	Date _____	<input type="checkbox"/> Approved	Date _____
<input type="checkbox"/> Disapproved	_____	<input type="checkbox"/> Disapproved	_____
(Signature of Principal)		(Signature of Community Services Manager)	

DISTRIBUTION OF COPIES: White: Educational Facilities / Yellow: Applicant / Pink: School File

RETURN ALL COPIES